



Long Term Care Coordinating Council

Regular Meeting
January 14, 2009
10:00 am
State House Room 313
Providence, RI

Draft Minutes

Attendance:

Lt. Governor Elizabeth Roberts
Director Gary Alexander
Rick Baccus
Jim Flanagan
Doreen McConaghy
Linda Ward
Lori Rossi
Elaina Goldstein
Dottie Santagata
Bonnie Larson
Alicia Einhorn
Mary Forgue
Mark Iacono
Lisa Hawthorne
Karen Amado
Maria Barros
Mary Benway
Elizabeth Morancy
Ray Rusin
Cynthia Conant-Arp
Ralph Racca
Director Corrine Calise Russo
Paula Parker

Director Craig Stenning
Patrick J. Quinn
John Susa
Dawn Wardyga
Linda Katz
Donna Martin
Elizabeth V. Earls
Susan Sweet
David Dosu
Maureen Maigret
Kathleen Heren
Virginia Burke
Bonnie Sekeres
Cynthia Lussier
Kristin Sousa
Lorna Ricci
Holly Garvey
Ellen Mauro
Bob Marshall
Kathleen Connell
Daniel Meuse
Jennifer Wood
Erin Kelly

Chairwoman Roberts called the meeting to order at 10:04am.

The chair recognized Ray Rusin from the Department of Health to report surveying results of the office of facilities regulation. Mr. Rusin stated that in December there were no findings of sub-standard quality of care. He did mention that in November 2008, 2 facilities were found to have sub-standard quality of care that were not reported at the last meeting.

The chair recognized Kathleen Heren from the Alliance for Better Long Term Care. Ms. Heren discussed Nursing Home Transitions Project, an 18-month pilot project that will focus on the efficacy and success of transitioning people out of nursing homes and into home and community based placements. The project is a partnership between the Alliance and DHS and will focus on working with social workers and case managers and families to identify persons that are currently in nursing homes and creating a care plan to move them out of nursing homes and back into the community. Ms. Heren made it clear that the project would never take a person out of a nursing home against their wishes. The council had further questions regarding the project but due to time constraints, the chair postponed further discussion to the next meeting.

The chair introduced Director of Human Services, Gary Alexander. The chair thanked Director Alexander and his staff for taking the time to brief the council on the proposed Global Waiver.

Director Alexander stated that he wished to clarify some possible misrepresentations in a letter from the congressional delegation. He stated that the letter referred to a loss of needed funding in the federal funds cap based on the original information submitted to CMS. Director Alexander stated that the amount requested upon the original waiver application was inflated as part of the negotiation process. Director Alexander introduced Rick Jacobsen from DHS to review the financial projections of the department regarding the waiver. Mr. Jacobsen stated that the trend of the current Medicaid system over the next five years with no changes to the system would still leave the state more than \$244 million under the cap.

The council discussed the difference in annual caps over the course of the project, considering the goal of rebalancing the long term care system will need a higher investment of dollars at the beginning of the project to build capacity. DHS staff stated that the cap is a larger, as a percentage of expected expenditures, in the first 2 years. However, the staff reiterated that the federal matching program is still in place, so in order to take advantage of the higher cap, state funds would still need to be spent.

The council discussed how factors of rising unemployment and an aging populations were used to create trend rates. DHS staff stated that an adjustment was made to the request taking into account higher unemployment levels than were originally used. The staff also stated that CMS agreed to use 2006 as a starting trend rate which is beneficial to the state because 2006 had higher utilization and therefore resulted in a higher cap.

The council discussed the effect that any proposed stimulus package would have on the waiver agreement. Director Alexander stated that the waiver contemplates changes for the stimulus package, but also stated that any changes that would require a higher cap would require the state to renegotiate the cap with CMS.

The council discussed the programmatic changes that DNS expects to enact in relation to the waiver. The major programmatic changes would include mandatory managed care, selective contracting, and levels of care criteria for elders. Additionally, the department is developing a transition plan for persons who are currently on one of the old waivers.

The council also discussed the DEA Co-Pay programs and Director Russo stated that the Co-Pay program would become a Medicaid expense and there would be no resource test. Additionally, DEA transportation programs would be considered a wrap-around program and will be a matchable program. Medication management and one-time community service start up costs would not be matchable under the waiver.

The council discussed the differences between the goals of the waiver and the cuts made in recent budget proposals. The council also discussed potential areas for maximizing Medicaid dollars.

The chair thanked Director Alexander and his staff for attending the council meeting.

The chair introduced Linda Katz from the Poverty Institute who raised the point that even under the waiver, there may still be cuts, since the state does not have the money to support the system as it stands.

The chair introduced Donna Martin from the Community Provider Network of Rhode Island who stated that there are three significant issues that need to be addressed if there will really be a larger use of Home and Community Based Services especially for the Developmentally Disabled population. The issues are 1) a lack of affordable, accessible housing, 2) a workforce that is not trained in home care, and 3) effective, reliable accessible transportation. Ms. Martin also stated that in the DD community, misconceptions about the current system were used as a rationalization for reform.

The chair introduced Dawn Wardyga from the Parent Information Network who raised questions as to whether the levels of care criteria in the waiver adequately address the issues of children with special health care needs.

The council also discussed the Cash and Counseling program through MHRH. The council expressed frustration that there seemed to be a lack of clarity in information about what programs will be remaining intact, what programs would be changing and if a program would be changing, what changes would take place.

The council discussed ideas about legislation that could be introduced to provide consumer input to DHS or even be required to approve changes. Additional legislative ideas considered maintaining eligibility levels and protect the status of persons already in the system.

The council approved the minutes from the previous meeting as amended.

The chair adjourned the meeting at 12:00pm.